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CONFIRMATION NO. 8667

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| <b>SERIAL NUMBER</b><br>10760,003  | <b>FILING OR 371(c) DATE</b><br>01/16/2004<br><b>RULE</b>  | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b><br>061030-0056 |
| <b>APPLICANTS</b><br>David Solow-Cordero, San Francisco, CA;<br>Geetha Shankar, Palo Alto, CA;<br>Juliet V. Spencer, San Mateo, CA;<br>Charles Gluchowski, Danville, CA; |  |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/440,322 01/16/2003 and claims benefit of 60/454,880 03/13/2003  |  |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |  |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/22/2004  |  |                               |   |   |
| <b>** SMALL ENTITY **</b>  |  |                               |   |   |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>32                 |
| <b>INDEPENDENT CLAIMS</b><br>6   |  |                               |   |   |
| <b>ADDRESS</b><br>43850  |  |                               |   |   |
| <b>TITLE</b><br>Methods of treating conditions associated with an Edg-3 receptor   |  |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>1507   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |